



**PERCEPTION REGARDING HEALTHY LIVING STRATEGIES AMONG ELDERLY IN
A SELECTED HOSPITAL, KOLAR WITH A VIEW TO CONDUCT GROUP HEALTH
EDUCATION**

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ABSTRACT

Introduction: The Health strategies are intended to help people live longer, more independent, and self-sufficient lives. The current study sought to analyse and compare perceptions of strategies for healthy life among the elderly.

Materials & Methods: The study was a descriptive survey that used a structured self-administered questionnaire to assess people's perceptions on healthy living practices. 100 senior people from a selected hospital in Kolar were recruited for the study, with data collected using a tablet computer sampling strategy of convenience.

Statistical Analysis/Results: The study's aims were to examine senior people's perception of healthy living practices and to look for links between perception and certain demographic characteristics. The results of study revealed that, perception of healthy living strategies among the elderly in a selected hospital, Kolar found to be having good perception (72%), moderate perception (26%), and bad perception (2%). **Conclusions:** The study highlighted on the concepts of healthy living strategies to lead a holistic life among geriatric population. Hence, it's the vital responsibility of individuals to promote the health of geriatric clients and to focus on the comprehensive care of geriatric through favourable perception.

KEYWORDS: *Elderly, Health living strategies, Perception, Health promotion.*

INTRODUCTION

Old age is a phase of life cycle characterized by its own developmental issues, many of which are concerned with loss of physical ability, mental acuity, friends, loved ones, status, and power. In the meantime, old age is associated with the accumulation of wisdom and opportunity to pass that one to future generations. One of the tasks that informs Erik Eriksson's view of healthy old age as a time of integrity.

According to the National Council on Aging (2014), 92 percent of older persons have at least one chronic disease (Such as heart disease or diabetes), and 77 percent have at least two.^[1] The ability to control these diseases and adjust to accompanying physical or psychological changes is critical for a thorough grasp of good ageing.^[1]

Healthy Aging is the process of improving possibilities for physical, social, and mental health in order to enable older individuals to participate fully in society and enjoy an independent and high quality of life. It is about learning, sharing best practises, and developing strategies

and policies to support the individual well-being and personal growth of older people.

"International Day for Elderly" (UN) is celebrated every year on 1st **October**. It is observed to focus on the importance of senior citizens who are neglected in our society. It emphasizes on our responsibilities towards the elder in order to make their lives happier with dignity and respect. The theme for 2021- "**Digital equity for all ages**".^[2]

Present day global statistics document that, 125 million people are aged more than 80 years. By 2050, and there will be around 120 million exclusively in China compare to 434 million people distributed across globally. It is observed that, by 2050, 80% of all older people will be in low- and middle-income countries.^[3]

Healthy living strategies for the elderly generally have three basic aims:

1. Maintaining and increasing functional capacity
2. Maintaining or improving self-care and
3. Stimulating one's social network

The concept of healthy ageing through healthy living techniques, which covers preventive, promotive, curative, and rehabilitative elements of health, should be promoted among the aged. As a result, the investigators were compelled to perform a research study to promote healthy living practises among the elderly.^[4]

Objectives

1. To assess the perception regarding healthy living strategies among elderly by using perception questionnaire.
2. To find out the association between perception scores regarding healthy living strategies with selected demographic variables.

Research hypothesis: Hypotheses will be tested at 0.05 level of significance

H₁: There will be a significant association between perception scores regarding healthy living strategies and selected demographic variables.

Research approach: Quantitative survey approach.

Research design: Descriptive survey design.

Variables

- **Research variables:** Perception regarding healthy living strategies
- **Baseline variables:** Age, Gender, Qualification, marital status, type of family, history of co- morbid condition, health check-up done in past, physical activity, personal habits, source of information.

Setting: Conducted at R.L. Jalappa Hospital & Research Center in Tamaka, Kolar.

Population: Elderly clients who are admitted in R.L. Jalappa Hospital & Research Centre, Kolar.

Sample: Elderly people age group of 60-80 years.

Sample size: The sample size consists of 100.

Sampling technique: Convenience sampling technique

Sampling criteria

- **Inclusion criteria**
 - Included the elderly who were seeking health services.

- Belonging to elderly age group of 60-75 years.
- Able to speak and understand Kannada or English.
- **Exclusion criteria**
 - Who were having physical disability and terminally ill.
 - Who were not willing to participate in the study.

Data collection tool

The adopted tool consisted of the following sections.

- **Section A:** Proforma on baseline characteristics
- **Section B:** Assessment of perception regarding healthy living strategies among elderly by perception questionnaire.

Method of data collection

Written permission was obtained by concerned authorities and Participants.

The data was gathered in the following stages

STEP 1: Ethical clearance was obtained from research and ethical committee of institution.

STEP 2: Written permission was obtained from the Medical super indent of hospital.

STEP 3: Data was gathered by the researcher based on inclusion and exclusion criteria.

STEP 4: Formal permission from Participants was obtained prior to the data collection.

STEP 5: Perception regarding healthy living strategies was obtained by perception questionnaire i.e., five-point Likert scale.

Plan for data analysis

The data gained was analyzed by using descriptive and inferential statistics in completing the objectives of the study.

Ethical clearance

Ethical clearance was granted from the institution ethical committee, Sri Devaraj Urs College of Nursing and to conduct the study permission got from medical superintendent, R.L. Jalappa Hospital and Research Centre.

Table 1: Frequency and Distribution of sociodemographic variables of the study.

n=100

Sl. No.	Demographic characteristics	Frequency	Percentage (%)
1.	Age		
	1) 60-65 Years	16	16%
	2) 66-70 Years	59	59%
	3) 71-75 Years	18	18%
	4) 76-80 Years	7	7%
2.	Gender		
	Male	51	51%
	Female	49	49%
3.	Qualification		
	A) Postgraduate	2	2%
	B) Graduate	6	6%
	C) PUC\ Diploma	21	21%
	D) High School	21	21%
	E) Primary	21	21%

	F) No Formal Education	29	29%
4.	Marital status		
	A) Married	46	46%
	B) Unmarried	13	13%
	C) Divorce	8	8%
5.	Type of family		
	A) Nuclear Family	55	55%
	B) Joint Family	30	30%
	C) Extended Family	10	10%
6.	History of Co-Morbid Condition		
	A) With Co-Morbid Condition	78	78%
7.	Health check up done in past		
	A) 6 Months	17	17%
	B) 1 Year	27	27%
	C) 2 Year	28	28%
8.	Physical activity		
	A) Yes	80	80%
9.	Personal habits		
	1.Bad habits	69	69%
10.	Source of information		
	Health Professionals	2	2%
	Family /Friends/ Neighbours	83	85%
	Mass Media	11	11%
	Any Other	4	2%

Table 2: Distribution of samples according to overall level of perception.

Perception	Frequency (f)	Percentage (%)
Good	72	72%
Moderate	26	26%
Bad	2	2%
Total	100	100%

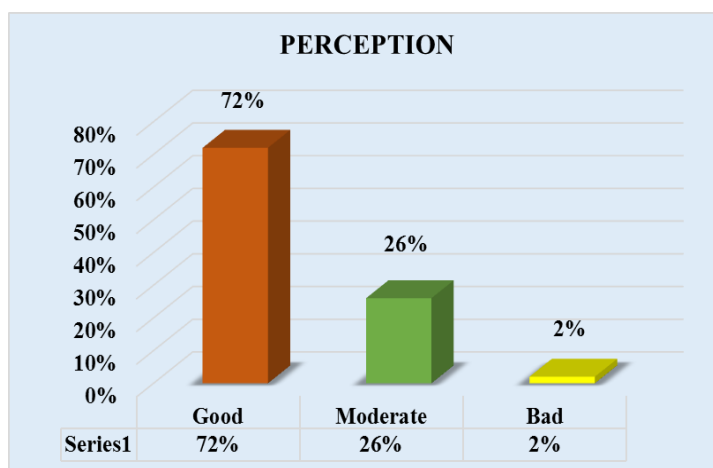


Fig. 11: Overall level of perception of study participants.

Table 3: Association between Demographic variables with perception regarding healthy living strategies.

Sl. No	Demographic Variables	Perception level		X ² calculated value	df	P value	Inference
		Below or equal to Median (≤120)	Above Median (>120)				
1.	Age			7.6142	3	.054697	NS
	1) 60-65 Years	7	9				
	2) 66-70 Years	37	22				
	3) 71-75 Years	5	13				
	4) 76-80 Years	3	4				
2.	Gender			0.3704	1	.542784	NS
	Male	25	26				
	Female	27	22				
3.	Qualification			6.188	5	0.2883532	NS
	A) Postgraduate	1	1				
	B) Graduate	1	5				
	C) PUC\ Diploma	8	13				
	D) High School	13	8				
	E) Primary	12	9				
	F) No Formal Education	17	12				
4.	Marital Status			8.5996	3	.035116	*SS
	A) Married	31	15				
	B) Unmarried	4	9				
	C) Divorce	3	5				
	D) Widowed	14	19				
5.	Type Of Family			1.2688	3	.736552	NS
	A) Nuclear Family	31	24				
	B) Joint Family	16	14				
	C) Extended Family	4	6				
	D) Any Other Specify	2	3				
6.	History Of Co-Morbid Condition			0.4841	1	.486557	NS
	A) With Co-Morbid Condition	42	36				
	B) Without Co-Morbid Condition	10	12				
7.	Health Check Up Done In Past			9.2597	3	.02603	*SS
	A) 6 Months	4	13				
	B) 1 Year	16	11				
	C) 2 Year	13	15				
	D) 5 Year	19	9				
8.	Physical Activity			0.0901	1	.763994	NS
	A) Yes	41	39				
	B) No	11	9				
9.	Personal Habits			0.662	1	.415853	NS
	1. bad habits	34	35				
	2. No bad habits	18	13				
10.	Source Of Information			7.401	3	0.0601575	NS
	Health Professionals	0	2				
	Family /Friends/Neighbours	47	36				
	Mass Media	5	6				
		0	4				

NOTE: P<0.05, *SS-Statistically significant, NS-Non significant, Table value Df- 1(3.84), Df – 3(7.82), Df – 5(11.07).

As per the second objective of the study findings, perception and designated demographic variables was done and result revealed that, there is a statistical significance association found for variables such as marital status ($x^2=8.5996, df=3, p=0.35116$) and Health

checkup done in past ($x^2=9.2597, df=3, p=.02603$) and found no statistical significance difference for remaining variables as follows Age($x^2=7.6142, df=3, p=.054697$), Gender($x^2=0.3704, df=1, p=.542784$), Qualification($x^2=6.188, df=5, P=0.2883532$) Type of the

family ($\chi^2 = 1.2688$, $df = 3$, $p = .736552$), History of Co-Morbid Condition ($\chi^2 = 0.4841$, $df = 1$, $P = .486557$) Physical Activity ($\chi^2 = 0.0901$, $df = 1$, $P = .763994$), Personal Habits ($\chi^2 = 0.662$, $df = 1$, $P = .415853$), Source of information ($\chi^2 = 7.401$, $df = 3$, $P = 0.0601575$).

Recommendations

1. Gerontology health plays a vital role which gives meaningful service-learning components in the institutions of learning.
2. Further study especially qualitative studies should be conducted to further explore factors that influence perception and attitude towards the care of the older adult.

CONCLUSION

This study has shown that the majority of participants reported positive perception towards older people, these positive attributes should be sustained by placing more emphasis on issues affecting the wellbeing of our increasing geriatric population.

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